

## **IN THE SPECIFICATION**

Please amend numbered paragraph [0006], [0033], [0035] and [0099] as follows:

**[0006]**        There is also an increased understanding of the need for immediate jejunal feeding after gastric or intestinal surgery. Present practice is for the patient to be denied any oral, nasogastric or naso-jejunal feeding post surgically until peristalsis returns. It takes between one and eight days for peristalsis ~~peritalsis~~ to return depending on the degree of gastric or intestinal insult caused by the surgery. During this period a suction tube is placed into the stomach via the nasal route to aspirate any gastric juices that build up in the stomach and present the danger of pulmonary aspiration.

**[0033]**        7.        under fluoroscopy~~fluoreseopy~~, advancing the primary and secondary stylet stiffened catheter into the duodenum to the Ligament of Treitz~~Trietz~~;

**[0035]**        9.        under fluoroscopy~~fluoreseopy~~, advancing the tube tip to its desired final location, beyond the Ligament of Treitz~~Trietz~~ and in the jejunum;

**[0099]**        Referring now to FIGS. 21-25, FIG. 21 shows stylet sub-assembly 16 disconnected from stylet sub-assembly 14 and its stylet 40 ~~28~~-withdrawn approximately 35 inches. In this configuration, the assembly 10 provides a more flexible tube 20 for insertion through a patient's nose. As previously described, the tube 20 is a small, very flexible 8 French (Fr) naso-enteral feeding tube. As shown in FIG. 21, the primary twisted wire stylet 30 and the secondary twisted wire stylet 40 are each as flexible as corresponding portions of the tube 20 while the tube is flexed into different configurations.